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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/618,144
		Filing Date	July 10, 2003
		First Named Inventor	Satoshi Ito
		Group Art Unit	2879
		Examiner Name	Ashok Patel
Total Number of Pages in This Submission (excluding references)	2	Attorney Docket Number	47539.00024

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (3 pages) (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ____ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response To Restriction Requirement (1 Page)	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Amendment Transmittal Letter (in duplicate)	<input type="checkbox"/> Request for Continued Examination Transmittal (RCE)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Request for Status of Application
<input type="checkbox"/> Petition for Extension of Time (month) (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and ____ References	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 337 976 375 US	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) ____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigan, Reg. No.44,826
Signature	
Date	February 18, 2005

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop Amendments, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Typed or printed name	Patricia Gamble		
Signature		Date	February 18, 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Examiner: Ashok Patel  
Satoshi Ito et al.  
Serial No.: 10/618,144 Art Unit: 2879  
Filed: July 10, 2003  
Title: Phosphor, Method For Producing Phosphor And Its Precursor and Display Device

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Commissioner for Patents  
USPTO  
PO Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO RESTRICTION REQUIREMENT**

Dear Examiner Patel:

In response to the Restriction Requirement mailed on January 26, 2005, Applicants elect Group I, Claims 1-20, 24 and 25. This election is being made without traverse.

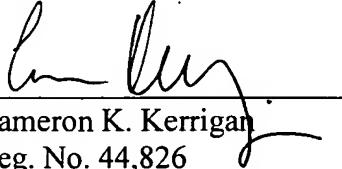
The undersigned authorizes any fees that may be required, or credit of any overpayment to be made to Deposit Account No. 07-1850.

Should the Examiner have any questions regarding this communication, the Examiner is invited to contact the undersigned at the telephone number shown below.

Date: February 18, 2005

Respectfully submitted,

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